

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		4-2-01
O.I.P.E. CLASSIFIER		48	4/24/01
FORMALITY REVIEW	JP	1029	05/09/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10	3
2	✓	02	03
3	✓	03	04
4	✓	04	04
5	✓	05	04
6	✓	06	04
7	✓	07	04
8	✓	08	04
9	✓	09	04
10	✓	10	04
11	✓	11	04
12	✓	12	04
13	✓	13	04
14	✓	14	04
15	✓	15	04
16	✓	16	04
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28	✓	28	04
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35	✓	35	04
36	✓	36	04
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42	✓	42	04
43	✓	43	04
44	✓	44	04
45	✓	45	04
46	✓	46	04
47	✓	47	04
48	✓	48	04
49	✓	49	04
50	✓	50	04

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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